Volume 20, Issue 1 July/Aug 2025

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County of Orange Insurance News

The COIN's Annual Medicare Issue

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CAHIP
Orange County

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We know that running a successful business can be tough. Time constraints and a lack of resources can hold you back from reaching your full potential. At AGA, we remove the hurdles preventing you from success and provide you with the tools and support you need to succeed.

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CAHIP Orange County

Making a Difference in People's Lives. One Member at a Time.

Our association is a local chapter of the National Association of Benefits & Insurance Professionals (NABIP). The role of CAHIP-OC is to promote and encourage the association of professionals in the health insurance field for the purpose of educating, promoting effective legislation, sharing information and advocating fair business practices among our members, the industry and the general public.

CAHIP-ORANGE COUNTY
PRESIDENT'S MESSAGE
By: Sarah Knapp, CAHIP-OC President

Dear CAHIP OC Members,

It is with great excitement and deep gratitude that I step into the role of President for CAHIP Orange County. I am truly honored to serve such an incredible community of dedicated professionals who share a passion for our industry and a commitment to making a difference.

First and foremost, I want to thank each of you—our valued members—for your continued support and engagement. You are the heart of our chapter, and your involvement is what makes CAHIP OC such a strong and vibrant organization.

I'd like to express my sincere appreciation to our entire board—both returning and new members. To our returning board members, Dorothy Cociu, Cathy Daugherty, Haley Mauser, Gabriella Bellizzi, Anne Kelly, Ailene Dewar, and Linda Madril, thank you for your dedication and leadership. Your experience and commitment are invaluable as we move forward together.

A warm welcome to our new board members. Gonzalo Verduzco is stepping in as our President elect, and I am hoping to create some big shoes for him to fill! Tracy Hanson is returning to our Orange County board as our VP of Legislation, Melissa Calabretta is joining as our Membership Retention Chair, John Austin is also returning to the board as our New Member Liaison and Becky Capelouto will be serving as our Award/Historian Chair. We are thrilled to have you join our team and bring your fresh perspectives, and energy to our chapter. I am confident that together we will accomplish great things.

I am especially grateful to our past presidents—Barbara Ciudad, John Evangelista, Maggie Stedt, Dorothy Cociu, and Pat Stiffler—whose leadership has paved the way for us. Your encouragement and trust have meant the world to me. I also want to acknowledge and thank some of our long-standing board members—Juan Lopez, Maggie Stedt, and Dorothy Cociu —who continue to provide wisdom, mentorship, and unwavering support. I truly could not take on this role without you.

And of course, we could not function without our most incredible Executive Director, Gail James-Clark. Gail is the one who keeps us all on task, organized, and moving forward. Her tireless work behind the scenes ensures our chapter thrives, and we are so fortunate to have her.

Membership is the lifeblood of CAHIP OC, and I encourage each of you to get involved—whether by volunteering, attending events, or simply introducing yourself to someone new at our next gathering. One of my top priorities this year is to connect personally with as many members as possible. If we haven't had a chance to meet yet, please don't hesitate to come and say hello. Being available and approachable is important to me, and I truly value your input and involvement.

Thank you again for the opportunity to serve. I'm looking forward to a year filled with connection, growth, and continued success for CAHIP OC.

Looking forward to a fantastic year!

Sarah Knapp, CAHIP-OC President

Member Legislative Alert!

CAHIP Lobbying Efforts Help Kill Damaging Medicare Supplement Bill!

AB 562 Medicare Supplement Coverage: Open Enrollment Periods

By: Maggie Stedt and Juan Lopez, CAHIP-OC Board of Directors Members

Editor's Note: To be consistent with this issue's emphasis on Medicare issues, I am yielding my normal feature article, so that attention can be drawn to the important issues facing the Medicare Market. In lieu of a regular, detailed article, we are publishing a series of Medicare Articles from various members for this issue.

We are pleased to share that the efforts by CAHIP's lobbyist, our members attending CAHIP's Capital Summit in May and our joint efforts through an Operation Shout, greatly contributed to the *suspension of the AB 562 bill in committee*. This is the second year that the bill that would greatly impact the sales, pricing and availability of Medicare Supplement plans in CA was introduced. CAHIP's legislative team will continue to monitor the bill and other activities that address this issue.

Juan Lopez and Maggie Stedt (as constituents) were able to meet with Senator Blakespear's policy analyst During CAHIP's annual Capitol Summit Conference in May to discuss CAHIP's stance and concern with this bill. In addition, we reviewed the existing guarantee-issue situations that are currently available to Medicare Beneficiaries.

This is a great example of how we, as members of NABIP and CAHIP, can make a difference in the Medicare space for our clients, friends and family who are covered under Medicare Supplement Plans. Your membership and participation truly make a difference! Also, as part of our efforts*, this is a perfect example of why it is so important to contribute to our CAHIP PAC!*

Here is a summary of the bill and CAHIP's position on the proposed legislation by Catherine Blakespear (D), representing District 38 (South Orange County and Northern San Diego County):

Current federal law provides for the Medicare Program, which is a public health insurance program for persons 65 years of age and older, and specified persons with disabilities who are under 65 years of age. Current federal law specifies different parts of Medicare that cover specific services, such as Medicare Part B, which generally covers medically necessary services and supplies, as well as preventive services. The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Current law provides for the regulation of health insurers by the Department of Insurance. Current federal law additionally provides for the issuance of Medicare supplement policies or certificates, also known as Medigap coverage, which are advertised, marketed, or designed primarily as a supplement to reimbursements under the Medicare Program for the hospital, medical, or surgical expenses of persons eligible for the Medicare Program, including coverage of Medicare deductible, copayment, or coinsurance amounts, as specified. Current law, among other provisions, requires supplement benefit plans to be uniform in structure, language, designation, and format with the standard benefit plans, as prescribed. Current law prohibits an issuer from denying or conditioning the offering or effectiveness of any Medicare supplement contract, policy, or certificate available for sale in this state, or discriminating in the pricing of a contract, policy, or certificate because of the health status, claims experience, receipt of health care, or medical condition of an applicant in Page 4/7, the case of an application that is submitted prior to or during the 6-month period beginning with the first day of the first month in which an individual is both 65 years of age or older and is enrolled for benefits under Medicare Part B. Current law requires an issuer to make available specified Medicare supplement benefit plans to a qualifying applicant under those circumstances who is 64 years of age or younger who does not have end stage renal disease. This bill would delete the exclusion of otherwise qualified applicants who have end stage renal disease, thereby making the specified Medicare supplement benefit plans available to those individuals.

CAHIP's Official Position on the Bill

SB 242 Position: Oppose
Priority: CAHIP Priority Bill
Notes: CAHIP is OPPOSED to SB 242 as introduced, which would establish a new 90-day annual guaranteed issue enrollment period for individuals seeking to purchase Medicare Supplement Insurance (Medigap). While we appreciate the author's intent to expand access to high-quality Medigap coverage, we must respectfully oppose the bill due to its potential to significantly raise premiums for all seniors and enrollees. Guaranteed-issue requirements without corresponding rating protections have historically led to adverse selection, which drives up costs significantly and can reduce market participation. In other states that have implemented similar open enrollment periods, we've seen carriers exit the Medigap market, limiting consumer choice and disrupting access to supplemental coverage. SB 242 risks destabilizing California's Medicare market, making it harder — not easier — for seniors to secure affordable, reliable coverage.

Special thanks to all of our Members who attended Capitol Summit and lobbied on this bill!
##

CAHIP Capitol Summit 2025

CAHIP-OC Awards at Capitol Conference 2025

- **Chapter of the Year (Large Chapter)**
- **Outstanding Newsletter (COIN)**
- **Industry Writing Award (Dorothy Cociu)**

Top left: Juan Lopez, Dorothy Cociu and Pat Stiffler with a staffer from Phillip Chen's office (Assembly District 59), Above Middle: Barbara Ciudad with CAHIP President Rosamaria Marrujo receiving Chapter of the Year Award, Right: Rosamaria Marrujo, Dorothy Cociu and Barbara Ciudad with Chapter of the Year, Outstanding Newsletter and Industry Writing Award, 2025.

The State of Medicare and Medicare Products in California

By: David Garcia, Senior Executive Sales Consultant, Warner Pacific
President, CAHIP Ventura County 2025-2026

I'm writing this article on the second Friday of June 2025. I have been in the Medicare space since 1998. My first role was with a carrier that went by the name of Blue Cross of California at the time, and was hired into the Senior Agent Support department. We are in the biggest year of opportunity for the 'Silver Tsunami'! In 2025, there are close to 12,000 people turning 65 DAILY, and in the state of California, that equates to an average of 11,200 a day, and some days hitting 12,000+.

As I write this article, we are 10 days away from the scheduled release of AHIP certification for 2026. This will be my 20th year to certify, pre-AHIP; the first couple of years were done as a CE course you could actually attend in person with a carrier. There have been quite a few changes in the last 27 years to Medicare product availability, the addition of Part D plans, the removal of Plan I and J, electronic enrollment, the introduction of the Innovative and Extra plans, the removal of Plan F and C, the birthday rule extended from 30 to 60 days, and the Inflation Reduction Act.

Even with all the changes listed above, the changes that have taken place over the last 12 months have shifted the Medicare market in CA and Nationally. So, what's happened over the last 12 months? *Glad you asked.*

In late 2024, Social Security offices Nationally announced that effective 1/6/25, they are no longer accepting walk-ins, and all applicants must schedule an appointment with their local office, either by calling in or scheduling online. While walk ins can still be seen at most offices, they will only be met with *after* those with scheduled appointments. The announcement comes after articles were circulated that the average Social Security employee is approaching retirement and would *not* be replaced. This shortage of the Social Security workforce has caused delays in application process. With the largest population in history turning 65 daily, we as brokers should be encouraging our applicants to apply during the first month of their IEP.

The Inflation Reduction Act had a serious impact on prescription drug benefits. The largest impact of the Act, by far, is the $2,000 Out-of-Pocket Maximum on all prescription drug plans. After requiring all carriers to limit insulin copays to $35, covering all preventive shots, including shingles, prior to meeting the deductible, limiting cost share up to the Catastrophic Phase, the combination of a $2,000 Out-of-Pocket max on all plans and limiting the cost share required from pharmaceutical companies and more cost-share from carriers has decimated the Part D market. ***With three carriers no longer paying commissions for Part D plans, we are left with the following 7 plans to sell, in order to receive full commissions***: Humana Value $94, Anthem Standard $135.60, Cigna Extra $140.90, Blue Shield Plus $161.70, Humana Premier $164.20, Anthem Plus $164.90 and Blue Shield Enhanced $183.50. All while Cigna and WellCare continue to offer plans at less than $10 each. *While we all value our clients and would love to help them, we cannot work for free.* If you are not already doing so, you should be partnering with an FMO that offers a self- enrollment tool for Part D plans. Many agents have created tutorial videos that walk applicants through entering their prescription list, pharmacy and applying for these plans on their self-enrollment site or Medicare.gov. This self-enrollment solution would also free you from recording calls and collecting a scope of appointment, *if all you are discussing is a Medicare Supplement plan*.

In 2025, we've seen several MAPD carriers stop paying commissions and suppress plans from electronic enrollment for many of their plans. As I write this article, I have an advanced FMO notice of a list of UHC's most popular PPO plans that will now be non-commissionable. This list includes the most popular UHC plans available in every MAPD market nationally. By the time you're reading this article you've received this notice, as it will go out to all brokers on Monday, June 16. Fortunately, in CA, *there are many MAPD plans available that remain commissionable, and provide an affordable option for our members with access to a solid provider network and hospitals.* Over the last few years, we have seen MAPD become a solution for our aging Medicare Supplement population, and this will continue to happen for years to come.

We've had two consecutive years of double-digit rate increases from all Medicare Supplement carriers in California. With Medicare Supplement members in their late 70's and early 80's already paying a substantial premium, these increases have a huge burden on what they anticipated to pay during their retirement years. *Why would an older Medicare Supplement member move to a Medicare Advantage plan?* **Affordability.**

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State of Medicare Markets, Continued from Page 7

Medicare Supplement plans remain a viable option. *Humana, Anthem and Health Net continue to pay bonuses for Medicare Supplement business, and many Medicare Supplement carriers continue to offer bonuses for underwritten business.*

What should you do as a Medicare broker preparing for the 2026 plan year? Align yourself with a solid FMO that will support your sales efforts. Leverage technology to work for you, use the self-enrollment Part D tool. Choose who you place your business with wisely.

In the last 6 months there is a carrier that announced they are reducing commission from lifetime and reverting to a 10-year commission structure for Medicare Supplement business. They announced that ***as of 6/1/25, all Part D plans were to become non-commissionable. They are suppressing and making their most popular PPO MAPD plans in every market non-commissionable.*** This carrier has financially supported legislation in several states that would destroy the Medicare Supplement market in each state, if passed. Research and do not place business with that carrier. ***Place business with carriers that value your time and effort to guide a Medicare eligible applicant to their doorstep. We have 4 more years of Baby Boomers turning 65 and much more business to write.***

##

Editor's Note: David can be reached at 800 801-2300, ext 279, or at david.garcia@warnerpacific.com.

Women in Business Photos

More Smiles, More Money Raised for New Hope Grief Support!

Women In Business Recap 2025

By Pat Stiffler, CAHIP-OC WIB Chairwoman

The 22nd Annual Celebration of Women in Business Fashion Show and Luncheon was another successful event! Our guests seemed to enjoy the Denim and Diamonds theme, with many of them dressing in their best glam Western wear.

The event started with our guests shopping with our fabulous vendors and depositing their tickets in their favorite raffle baskets. Shopping was brisk at the vendor tables as well as the tickets sales tables!

One of the highlights of the event was the introduction of Michael Seckington, an alumnus of the New Hope Grief program. Michael sang a song he had composed that related to his grief journey, that touched everyone's heart.

Jessica Word was our Woman of the Year honoree. Jessica is a much-respected leader in our industry and has even been recognized internationally. She gave an inspirational talk to our guests, particularly reflecting on women's role in the business and insurance world. Congratulations Jessica, on a well-deserved honor!

Our fashion show was moderated by Erica Brown, from Dylan Star. During the fashion show, each model wore one outfit and Erica showed how that outfit, with different accent pieces that can change the look for different occasions.

Congratulations to Marie Dorado of Bryson Financial won the grand prize. She is the Director of Employee Benefits, and she is sharing the award with Chelsie Matthews, Director of Life Insurance. Together they won a $4,000 AAA travel gift card, that can be used for travel anywhere. *Happy Trails, Maria and Chelsie!* See photo below.

Congratulations to all our auction item winners and our winners of the raffle baskets!

Thank you to our handsome ambassadors who made things run so smoothly. Special thanks to our amazing committee. These women work throughout the year to make this the awesome event it is every year!

##

Left: Michael Seckington shares his grief story through song.

Left to right: Ramon Duran, Health Net, Chelse Matthews, Bryson Financial, Stan Kim, Health Net, and the Grand Prize winner, Marie Dorado, Bryson Financial.

A Day of Fun, Networking and Supporting a Good Cause!

COIN COMPLIANCE CORNER

What Agents and Your Clients Need to Know!

Featuring Legal Briefs By Marilyn Monahan, Monahan Law Office, and HIPAA Privacy & Security & Related Updates by Dorothy Cociu, CAHIP-OC VP of Communications & Public Affairs

Legal Briefs

This is a summary of some important updates of interest to benefit professionals, at the federal, state, and municipal levels:

FEDERAL: UPDATES

2026 Health and Welfare Benefit Plan Limits: The Internal Revenue Service (IRS) and the Centers for Medicare and Medicaid Services (CMS) have announced the 2026 annual limits for high deductible health plans (HDHPs) and health savings accounts (HSAs), as well as the Affordable Care Act (ACA) plan limits for 2026:

Type of Plan/ Limit		**2026**	**2025**
HSA Contribution Limits	Self-Only	$4,400	$4300
	Family	$8,750	$8,550
HSA Catch-up Contributions	Age 55 or Older	$1,000	$1,000
HDHP Minimum Deductibles	Self-Only	$1,700	$1,650
	Family	$3,400	$3,300
HDHP Out-of-Pocket Expense Limits	Self-Only	$8,500	$8,300
	Family	$17,000	$16,600
ACA Maximum Out-of-Pocket Expense Limits	Self-Only	$10,150	$9,200
	Family	$20,300	$18,400
Excepted Benefit HRA		$2,200	$2,150

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HIPAA/HHS/OCR Updates

Here are the updates on HIPAA Privacy & Security compliance and enforcement.

First, on June 4, 2025, **HHS Announced Paula M. Stannard as Director of the Office for Civil Rights.**

Director Paula Stannard is appointed to enforce the nation's civil rights laws and advance compliance with health information privacy and security authorities

The U.S. Department of Health and Human Services ("HHS"), Office for Civil Rights ("OCR") announces the appointment of Paula M. Stannard as Director of the Office for Civil Rights. In this role, Director Stannard is the Department's chief officer and adviser to Secretary Robert F. Kennedy, Jr. concerning the implementation, compliance, and enforcement of Federal health information privacy, security, and breach notification rules under the Health Insurance Portability and Accountability Act (HIPAA) as well as Federal civil rights, conscience, and religious freedom laws in HHS' jurisdiction.

"I'm proud to welcome Paula back to HHS," said Secretary Robert F. Kennedy, Jr. "She's a proven public servant who delivered results during her time at HHS under both President Trump and President George W. Bush. Paula brings deep institutional knowledge, relentless focus, and an unwavering commitment to civil rights. Under her leadership, the Office for Civil Rights will drive forward President Trump's bold civil rights agenda with clarity, energy, and purpose."

Most recently, Director Stannard served as Chief Legal Counsel of the Montana Department of Public Health and Human Services where she led the Office of Legal Affairs. In this capacity, she advised and represented the state agency and its components on a wide range of significant legal issues pertaining to the laws the agency is responsible for implementing and the programs it operates. Director Stannard's previous Federal service includes her role as a Senior Counselor and Advisor to former HHS Secretary Tom Price and Secretary Alex

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Legal Briefs, Continued from page 8

Forms 1094/1095: The IRS has also announced the penalty amounts for the failure to file or furnish the Forms 1094/1095 in 2026:

Returns Due	Penalty Rate	Not More Than 30 Days Late	31 Days Late thru August 1	After August 1	Intentional Disregard
From 01-01-2026 thru 12-31-2026	Per Return/Max	$60/ $630,000	$130/ $2,049,000	$340/ $4,098,500	$680 No max
From 01-01-2025 thru 12-31-2025	Per Return/Max	$60/ $664,500	$130/ $1,993,500	$330/ $3,987,000	$660 No max

***Patient Centered Outcomes Research Institute (PCORI) Fee*:** Each year, plan sponsors of self-funded health plans must file with the IRS Form 720, and pay the applicable PCORI fee, on or before **July 31st**. The filing deadline is not based on the plan year—everyone must file on or before July 31, 2025. Be certain to use the most up-to-date version of the Form 720 when filing.

***Form 5500*:** The Form 5500 must be filed by the last day of the 7th month after the end of the plan year. For calendar year plans, that means that this year the Form 5500 must be filed by **July 31, 2025**. Plan sponsors may obtain a one-time extension of up to 2 1/2 months if they file a Form 5558 on or before the normal due date for the Form 5500.

***Summary Annual Report (SAR)*:** The Summary Annual Report (SAR) must be distributed by the last day of the 9th month after the end of the plan year (**September 30, 2025,** for calendar year plans that did not request an extension of time to file their Form 5500).

Gag Clause Prohibition and Attestation: FAQs, Part 69 (January 14, 2025): Earlier this year, the Departments (Labor, Treasury, and Health and Human Services) issued a set of FAQs that provided more information on the gag clause prohibition and attestation rules. (The gag clause attestation must be made each year on or before December 31. The prohibition on gag clauses in network contracts is an on-going limitation.) The new FAQs include further guidance on, among other issues, the scope of contracts impacted by the prohibition. The FAQs address the following:

- "Downstream" agreements (such as an agreement between a TPA and a network) may not contain gag clauses
- The ability to share "de-identified" information cannot be at the discretion of the provider (for example, the ability of a plan/issuer to share de-identified claims data with a business associate only at the discretion of a network or provider is prohibited)
- A restriction on the scope, scale, or frequency of electronic access to de-identified claims and encounter information is prohibited, to the extent the restriction places unreasonable limits on access (including when access to such information is requested for an audit)
- The annual gag clause attestation must be made even if the plan/issuer knows it has entered into an agreement (including a "downstream" agreement) with a prohibited gag clause
- In such a case, when attesting, the attester must identify, among other details, the noncompliant provision, the name of the TPA/service provider involved, and a description of the negotiations relating to the request to remove the gag clause

***Mental Health Parity and Addiction Equity Act (MHPAEA) and the CAA*:** MHPAEA was initially signed into law in 2008. Over the years, the government has issued regulations and other guidance to assist with the implementation of MHPAEA, including a comprehensive set of regulations that were issued in 2013 (the "2013 final rule").

Then, the Consolidated Appropriations Act, 2021 (CAA), signed into law by President Trump on December 27, 2020, added a new mandate in connection with MHPAEA: plans and issuers must now create and maintain "comparative analyses" of the nonquantitative treatment limitations (NQTLs) contained in their plans. To implement this comparative analysis mandate, on September 9, 2024, the Departments of Labor, Treasury, and Health and Human Services (the Departments) issued a detailed set of regulations outlining the steps plans and issuers must take to comply with the changes made to MHPAEA by the CAA. Portions of the regulations were scheduled to go into effect for plan years beginning on or after **January 1, 2025**, and other provisions were scheduled to go into effect for plan years beginning on or after **January 1, 2026.** This is not the end of the story, however.

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Legal Briefs, Continued from Page 13

On January 17, 2025, the ERISA Industry Committee (ERIC) filed suit challenging certain provisions in the new regulations. Then, on May 15, 2025, the Departments issued a "nonenforcement" statement. In that statement, the Departments explained that they have requested that the litigation "be held in abeyance while the Departments reconsider" the 2024 regulations. The statement further announced that, "The Departments will not enforce the 2024 Final Rule or otherwise pursue enforcement actions, based on a failure to comply that occurs prior to a final decision in the litigation, plus an additional 18 months. This enforcement relief applies only with respect to those portions of the 2024 Final Rule that are new in relation to the 2013 final rule."

What does all this mean? Notwithstanding the Departments' statement, MHPAEA remains in effect. Further, regulations and guidance issued to implement MHPAEA prior to the 2024 regulations remain in effect. Importantly, the requirement contained in the CAA to produce comparative analyses also remains in effect—only the implementing regulations are paused. So, if a participant or government auditor asks for copies of the plan's comparative analyses, they must be produced.

Executive Order: Making America Healthy Again by Empowering Patients with Clear, Accurate, and Actionable Healthcare Pricing Information: As we discussed in the last issue of C.O.I.N., the Trump Administration has been taking action to address price transparency in connection with health care. A little background is in order.

On November 27, 2019, the Hospital Price Transparency Final Rule was issued under the authority of the Affordable Care Act (ACA). Effective January 1, 2021, this final rule requires hospitals to provide clear, accessible pricing information online about the items and services they provide.

On November 12, 2020, the Transparency in Coverage (TiC) Final Rule was issued, also under the authority of the ACA. The TiC Final Rule requires issuers and employer-sponsored group health plans to meet two mandates: (1) to provide publicly available machine readable files (MRFs) with pricing information on in-network pricing, out-of-network pricing, and prescription drug costs; and (2) to provide an online self-service tool that participants can use to estimate out-of-pocket costs for covered items and services.

On February 25, 2025, an Executive Order was signed—referred to as, "Making America Healthy Again by Empowering Patients with Clear, Accurate, and Actionable Healthcare Pricing Information"—which reiterated the administration's commitment to these transparency regulations, and advising the Departments with oversight authority to increase enforcement activities.

In response to the February 2025 Executive Order, the Departments have taken further steps to address the Administration's goal to increase price transparency. These steps include the following:

- Issuance by the Departments of a set of FAQs (Part 70) which provide health plans and issuers with updated guidance on the technical requirements for MRFs by releasing schema version 2.0. They intend to finalize schema 2.0 by **October 1, 2025**, and it will have to be implemented by plans and issuers by **February 2, 2026**.
- Issuance by the Departments of a Request for Information (RFI) "Regarding the Prescription Drug Machine-Readable File Requirements in the Transparency in Coverage Final Rule." Comments are due by **July 2, 2025**. "The RFI seeks input regarding the prescription drug price disclosure requirements [in the TiC Final Rule], including information on existing prescription drug file data elements and information on implementation generally, such as the ability of health plans to access necessary data for reporting, as well as state approaches and innovation."
- Issuance by CMS of updated guidance for hospitals on price transparency requirements.
- Issuance by CMS of an RFI "to identify challenges and improve compliance and enforcement processes related to the transparent reporting of complete, accurate, and meaningful pricing data by hospitals."

CALIFORNIA: HIGHLIGHTS

DMHC Regulations: Fertility Services: A new Department of Managed Health Care (DMHC) regulation has been approved. The regulation, "Scope of Fertility Preservation Services for Iatrogenic Infertility," which adds section 1300.74.551 of Title 28 of the California Code of Regulations, will be effective **July 1, 2025**. What is the reason for the proposed regulation? Health and Safety Code section 1374.551, enacted by S.B. 600 — which was effective January 1, 2020 — clarified that when a covered treatment may cause iatrogenic infertility to an enrollee, standard fertility preservation services are considered a basic health care service.

MUNICIPALITIES: HIGHLIGHTS

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Legal Briefs, Continued From Page 14

Minimum Wage: Effective **July 1, 2025**, various municipalities in California are increasing their minimum wage. Communities with minimum wage increases include the City of Los Angeles, the County of Los Angeles, Alameda, Berkeley, Emeryville, Fremont, Milpitas, Pasadena, San Francisco, Santa Monica, and West Hollywood (for hotel workers). The minimum wage may be higher for workers in certain industries, either because of a higher state minimum or because of a local minimum for those industries (such as hotel workers in the City of Los Angeles). If employers have employees working in those jurisdictions, employers should update their payroll systems and workplace posters. If employers have an upcoming open enrollment period, the new minimums should be taken into consideration when setting "affordable" employee contributions under the ACA and Internal Revenue Code section 4980H(b).

##

Editor's Note: Marilyn can be reached at marilyn@monahanlawoffice.com. *See her ad on page 39.*

CAHIP Orange County

Don't Forget Our Upcoming Programs & Events!

August Webinar
Date and Time TBD

Senior Summit
September 9-11, 2025

Mark Your Calendars for Our Upcoming CAHIP-OC Programs!

August Webinar

Date and Time TBD

September 9-11, 2025

Pechanga, Temecula

Senior Summit

See Pages 22 & 22 for More Information!

Women in Business Event 2025 Photo

Diversity, Equity, Inclusion & Belonging in the Modern Workplace

Diversity training is designed to facilitate positive intergroup interaction, reduce prejudice and discrimination, and foundationally teach individuals who are different from others how to work together effectively.

Participants of this course will:

- Learn terminology associated with DEI&B
- Obtain a greater understanding of why DEI&B initiatives need to become part of your organizational strategy & structure
- Learn how to identify blind-spots and actionable steps to overcome them
- Know how to cultivate a healthy diverse workforce driven by leadership

For more information: ***https://nabip.org/diversity-equity-inclusion-belonging/training***

The Greatest Medicare Show on Earth!

Medicare Summit, 2025– September 9-11, 2025– Pechanga Resort

By: Maggie Stedt, C.S.A, LPRT

We are counting down the days until the Senior Summit is coming to town! Mark your calendars now and sign up at www.theseniorsummit.net to reserve your spot for three great days of learning and sharing everything about Medicare. The program is centered around the fun and energy of a three-ring circus! The admission fee for this great event is only $329 per person, and includes breakfasts, lunches, snacks, CE classes, plan and product information, and important legislative updates, both on the Federal and State levels.

Your Senior Summit Team is busy working with our presenters, partners and exhibitors to ensure that you have the latest information while having a great time! This year, we are focusing on advanced trainings, more product offerings, more opportunities for you to expand your knowledge, and to make key connections. Your attendance should have a meaningful impact on the senior population that we each serve.

Watch for the Agenda that is being finalized soon! We are proud to announce that we have our three top sponsors of Alignment, SCAN and Applied General Agency, who are the key three rings of our annual event.

Monday September 8th, our popular golf event kicks off the Summit that will be starting on a shot-gun basis at the challenging championship Pechanga Journey golf course. This will be followed by a golf reception and prizes! Watch for the announcements, and go to the senior summit website to sign up to participate.

Tuesday, we start the meeting with key presentations and CE classes. **Wednesday** we will focus on legislative issues and concerns, and will continue with CE classes and informational panels, plus some key tools and software programs for you to consider. **Thursday** is all about the plan offerings and changes for 2026! The offerings are being designed to help you with the upcoming challenging AEP selling season!

Here is a sneak peek at some of our offerings: We are pleased to announce ***three hours of ethics*** will be presented by Bobbie Kaelin, who is known for her fun approach to this dry subject. Aetna is offering a certification! Nick Uehlecke, our lobbyist, will be returning with important Washington updates. We are planning for several panels, including a physician panel, to address working together to serve our clients; a Medicare Supplement Guaranteed Issue hints; and key information panel, a legislative update panel on the state of Medicare; and many more!

This year, we are including some break-outs on important small group updates and information. David Garcia with Warner Pacific will be presenting a CE course that you will want to attend! (See David's article on page 7 of this issue.)

The **Exhibit Hall** promises to bigger and better than ever! We can't wait to see what our partners and exhibitors will bring to you to enjoy and learn about. *Crazy about Cracker Jacks?* It's your chance to score some great snacks!

We are excited to announce additional partners that have joined the circus, including Jack Schroeder and Associates, Wellcare, Financial Grade Senior Consultants, HRBC Insurance, Regal Medical Group, Lakeside Community HC and ADOC Med Group; Primary Care Assoc Ca, Aetna Medicare, Quotit, Optum, Syndicated Insurance Agency LLC, Clever Care Health Plan, WelbeHealth and Retire with Renewals. There are many more to come!

Mark your calendar, sign up for the Summit, and make your reservation for your hotel room stay, as rooms are filling up fast! We are pleased that we were able to keep the same early bird room rates for your hotel stay.

If you have questions or need assistance, please don't hesitate to let us know. I may be reached at mstedt@stedtinsurance.com and exhibitors and sponsors may also contact Gail at seniorsummit@yahoo.com.
Come join us at the Medicare Big Top!

##

Another Women in Business Photo!

Legislative Update

CAHIP Capitol Summit Recap, Presented by The California Agents & Health Insurance Professionals (CAHIP)

By: Paul Roberts, CAHIP Vice President, Legislation

From May 12–14, licensed health insurance professionals from across the state gathered in Sacramento for CAHIP's 2025 Capitol Summit. With clear skies and a packed agenda, members engaged in high-impact advocacy, meeting with over 100 legislative offices to protect access, affordability, and accuracy in health coverage for all Californians.

This year's efforts centered on three key issues:

- **Protecting Health Care Affordability through Enhanced Premium Tax Credits (PTCs):** CAHIP urged lawmakers to support federal efforts to extend enhanced PTC subsidies beyond 2025. Without action, premiums could spike by up to 66%, jeopardizing coverage for more than 1.5 million Californians and undercutting state equity goals.

- **Opposing SB 242 – A Threat to Medigap Stability:** Members voiced strong opposition to SB 242, a bill that would require an annual guaranteed issue window for Medicare Supplement plans. This policy could destabilize the Medigap market, raise premiums, and lead to insurer exits—ultimately harming the seniors it intends to help.

  - *Update: Just days after CAHIP members met with legislators to express their concerns, SB 242 failed to advance and died in the legislative process – in the Assembly Appropriations Committee's suspense file due to the cost*.

  - **Supporting AB 280 – Provider Directory Accuracy and Accountability:** CAHIP advocated for stronger standards and enforcement to improve the accuracy of health plan provider directories. AB 280 would help eliminate surprise billing, expand behavioral health access, and ensure consumers receive the care they expect at the costs they were promised.

As of June 17, 2025, AB 280 remains active and has advanced from the Assembly to the Senate for further review.

The Summit showcased the power of licensed agents as trusted, local experts who show up year-round—not just during open enrollment—to guide Californians through coverage decisions, policy changes, and healthcare challenges. If you missed the event, there's still time to make your voice heard by taking action on SB 242 via NABIP's Voter Voice campaign.

Together, CAHIP members continue to lead the charge for smarter, people-centered healthcare policy in California.

Paul Roberts, REBC

CAHIP VP Of Legislation

proberts@wordandbrown.com

More Women in Business Photos Can Be Found Throughout This Issue of The COIN!

Health Net is proud to support CAHIP-OC

Health Net has Simplified Underwriting Programs, including our Enhanced Choice Promotion:

5 Enrolled Subscribers Minimum

- Groups of 5-100 eligible employees
- 25% participation is required - Employees enrolled on another ACA carrier through the same employer are valid waivers and will not count against the 25% participation!

Highlights

- Mix and Match all of HMO networks alongside our Full PPO network including Cigna for out of state employees
- No DE9C, payroll, or ownership documents are required
- No prior carrier bill is required
- Wrap Friendly! Health Net can be written alongside any carrier, no limit to the number of carriers if participation is met
- There must be enough valid waivers listed on the census to verify that the group meets participation

Contact your Account Executive

Ask about our new PPO Unlimited dental plans that launched in 2025 — available with no waiting periods! Pair alongside our PPO Medical plans, and our HMO plans—HMOs with zero medical deductibles! Enjoy the flexibility of our underwriting, the ability to mix and match all plans and all networks! One Health Net invoice: medical, dental, vision!

Leticia M. Ruiz
Account Executive
San Diego, South OC, Imperial
leticia.m.ruiz@healthnet.com
(619) 756-5345

Ramon Duran
Account Executive
North OC, South Bay LA
ramon.duran@healthnet.com
(949) 796-5845

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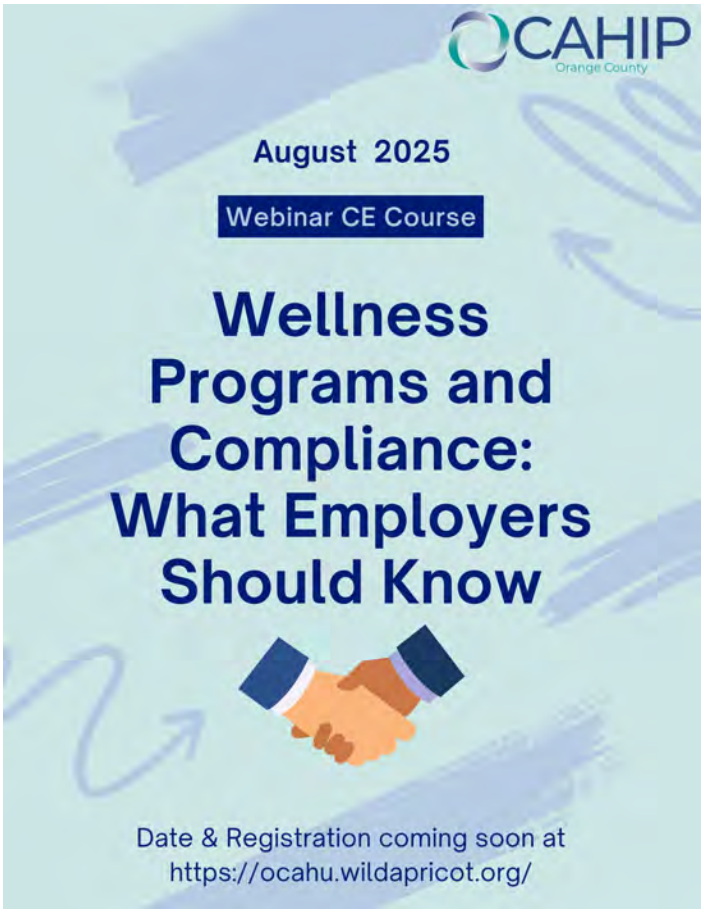

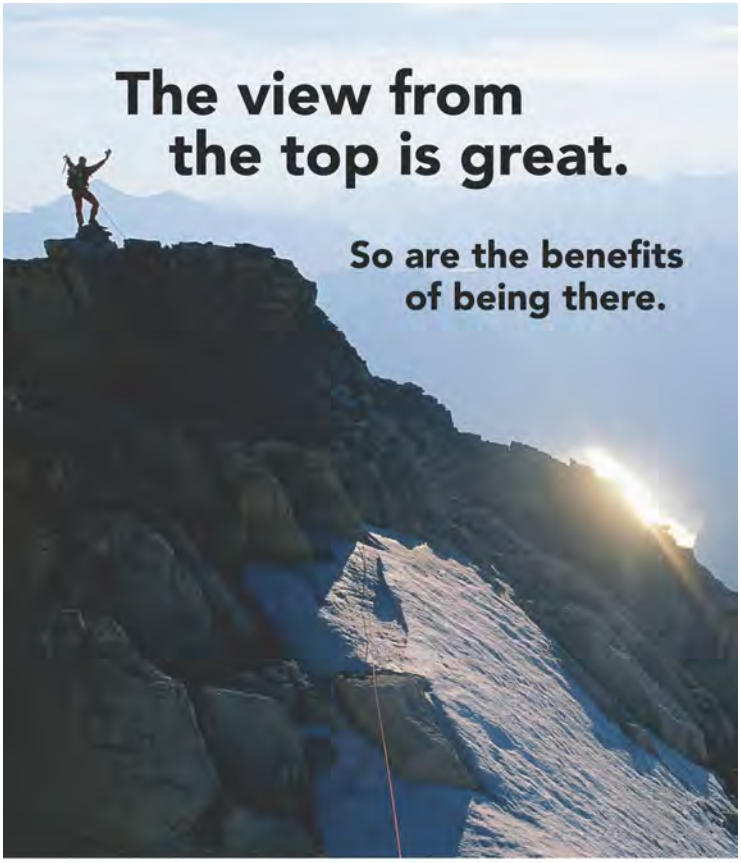

Upcoming Events!

For partnership or exhibitor opportunities contact
Yolanda Webb: yolanda.asga@gmail.com
Maggie Stedt: mstedt@stedtinsurance.com
Ricky Haisha: rhaisha@haishainsurance.com
Henry Romero: hromero@hrbcinsurance.com

The Leading Producers Round Table

The best of the best. That's what the Leading Producers Round Table (LPRT) is for America's benefit specialists. It's where the nation's best performers in the business get recognized for their leadership and rewarded for their accomplishments … with tools and benefits that will help keep them at the top of their game.

Only members of the National Association of Benefit Insurance Professionals (NABIP) can quality. So, if you like the view from the top, visit us online for more information about the privileges and rewards of being an LPRT member.

NABIP
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http://www.nabip.org/membership-resources/lprt-leading-producers-round-table

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THE GREATEST MEDICARE SHOW ON EARTH

For partnership or exhibitor opportunities contact
Yolanda Webb: yolanda.asga@gmail.com
Maggie Stedt: mstedt@stedtinsurance.com
Ricky Haisha: rhaisha@haishainsurance.com
Henry Romero: hromero@hrbcinsurance.com

THE GREATEST MEDICARE SHOW ON EARTH

Our 7th Annual Senior Summit Golf Tournament

September 8, 2025

Nestled in the heart of Temecula's rolling hills, Journey at Pechanga is an award-winning, par-72 golf course renowned for itsbreathtaking beauty and challenging design.

Crafted by top architects, this premier public course offers stunning views of the Temecula Wine Country, dramatic elevation changes, and fairways framed by mature California oaks. Each hole delivers a unique test, rewarding precision while offering a memorable experience for golfers of all skill levels.

The tournament begins with an 8:30 am shotgun start. Throughout the day, players will enjoy complimentary beverages on the course, followed by a delicious lunch at the acclaimed Journey's End restaurant. After the final putt drops, join us for an awards presentation to celebrate the day's achievements.

Scan this QR Code to download the registration form

California Agents and Health Insurance Professionals Political Action Committee
1127 11th Street, Suite 210
Sacramento, CA 95814
FPPC # 892177

CAHIP PAC CONTRIBUTOR COMMITMENT FORM

Last Name _____ First Name _____ Middle _____

Occupation (Required for FPPC reporting purposes) _____

Employer (If self employed, name of business; Required for FPPC reporting purposes) _____

Work Address (Please provide street address only, no P.O. Boxes) ☐ Check if address for Credit Card _____

City, State, Zip _____ Phone _____ Fax _____

Home Address (Please provide street address only, no P.O. Boxes) ☐ Check if address for Credit Card _____

City, State, Zip _____ Phone _____ Fax _____

Contact Email Address _____ Local Chapter _____

PRECIOUS GEM STONE CONTRIBUTION LEVELS

Levels	Annual	Monthly Minimum	Diamond Levels	Annual	Monthly Minimum
Ruby	$250 - $499	$21/month +	Diamond	$1,000 - $2,499	$84/month +
Emerald	$500 - $719	$42/month +	Double Diamond	$2,500 - $4,999	$209/month +
Sapphire	$720 - $999	$60/month +	Triple Diamond	$5,000+	$417/month +

NOTE: POLITICAL CONTRIBUTIONS ARE REPORTED TO THE FPPC. YOUR NAME, AS A CONTRIBUTOR, WILL BE A MATTER OF PUBLIC RECORD.

PAYMENT METHOD (attach check or select method below)

Payment Method	Card or Account #	Exp. Date	Security Code	Monthly Amount	One-Time Contribution
Check Enclosed					$
Visa/MC/Amex				$	$
Auto-checking withdrawal	PLEASE ATTACH A VOIDED CHECK			$	

Bank Draft / Credit Card Authorization: *I (we) hereby authorize the CAHIP PAC to initiate debt entries to my (our) checking account and or credit card. Monthly or one-time debits to be made as shown above. Monthly contributions will continue to be drawn until CAHIP PAC is notified in writing to cease. I understand that if I should request changes to the amount withdrawn or a cancellation of these charges that it may be 30 days before these changes to become effective.*

Signed: _____ Date: _____

Please return this PAC Commitment Form to:
Mail: **CAHIP PAC 1127 11th Street, Suite 210 Sacramento, CA 95814**
Questions: **(800) 322-5934**

HIPAA Updates, Continued from Page 12

Azar during the first Trump Administration and serving as Acting General Counsel and Deputy General Counsel during the George W. Bush Administration. Her public service is complimented by over 16 years of legal experience in private practice: six years as counsel in the Health Care Practice Group at Alston and Bird, LLP in Washington, D.C., and 10 years as a litigation associate at Skadden, Arps, Slate, Meagher and Flom in Chicago.

"I am excited and honored to lead the Office for Civil Rights at HHS under the leadership of President Trump and Secretary Kennedy," said OCR Director Paula Stannard. "I look forward to advancing the significant and highly visible priorities of OCR and protecting the civil rights of Americans who participate in the programs or organizations that HHS operates and funds."

Paula is a graduate of Amherst College and Stanford Law School.

Enforcement Updates

On enforcement actions, first I want to inform you of is the ***May 30, 2025 announcement of HHS Office for Civil Rights Settlement of its HIPAA Ransomware Cybersecurity Investigation with Comstar, LLC.***

Settlement Marks OCR's 13th Ransomware Enforcement Action and 9th Enforcement Action in OCR's Risk Analysis Initiative.

On May 30, the U.S. Department of Health and Human Services ("HHS"), Office for Civil Rights ("OCR") announced a settlement with Comstar, LLC ("Comstar"), a Massachusetts company that provides billing, collection, and related services to non-profit and municipal emergency ambulance services, concerning potential violations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security Rule. The settlement resolves an OCR investigation concerning a ransomware breach that affected 585,621 individuals.

OCR enforces the HIPAA Privacy, Security, and Breach Notification Rules, which set forth the requirements that covered entities (health plans, health care clearinghouses, and most health care providers), and business associates – such as Comstar – must follow to protect the privacy and security of protected health information (PHI). The Risk Analysis provision of the Security Rule requires a

Continued on Page 27

HIPAA Updates, Continued From Page 26

regulated organization to conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of electronic protected health information (ePHI) held by that organization.

"Assessing the potential risks and vulnerabilities to electronic protected health information is effective cybersecurity, and a HIPAA Security Rule requirement," said Acting OCR Director Anthony Archeval. "Failure to conduct a HIPAA risk analysis can cause health care entities to be more susceptible to cyberattacks."

OCR initiated an investigation after receiving Comstar's breach report, dated May 26, 2022, that an unknown actor had gained unauthorized access to Comstar's network servers on March 19, 2022. Comstar did not detect the intrusion until March 26, 2022. Ransomware was used to encrypt Comstar's network servers and the ePHI of approximately 585,621 individuals was affected. At the time of the breach, Comstar was a business associate of over 70 HIPAA covered entities. The type of ePHI impacted was clinical, including medical assessments and medication administration information. OCR's investigation determined that Comstar failed to conduct an accurate and thorough risk analysis to determine the potential risks and vulnerabilities to the ePHI that it holds.

Under the terms of the settlement, Comstar agreed to implement a corrective action plan that OCR will monitor for two years, and paid OCR $75,000. The corrective action plan requires Comstar to take definitive steps to ensure compliance with the HIPAA Security Rule and protect the security of ePHI, including:

- Conduct a comprehensive and thorough analysis of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI that Comstar holds;
- Develop a risk management plan to address and mitigate security risks and vulnerabilities identified in the risk analysis;
- Review and revise, as necessary, its written policies and procedures to comply with the HIPAA Privacy, Security, and Breach Notification Rules; and
- Train its workforce members who have access to PHI on its HIPAA policies and procedures.

OCR recommends that health care providers, health plans, clearinghouses, and business associates that are covered by HIPAA take the following steps to mitigate or prevent cyberthreats:

- Identify where ePHI is located in the organization, including how ePHI enters, flows through, and leaves the organization's information systems.
- Integrate risk analysis and risk management into the organization's business processes.
- Ensure that audit controls are in place to record and examine information system activity.
- Implement regular reviews of information system activity.
- Utilize mechanisms to authenticate information to ensure only authorized users are accessing ePHI.
- Encrypt ePHI in transit and at rest to guard against unauthorized access to ePHI when appropriate.
- Incorporate lessons learned from incidents into the organization's overall security management process.
- Provide workforce members with regular HIPAA training that is specific to the organization and to the workforce members' respective job duties.

The resolution agreement and corrective action plan may be found at: https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/agreements/hhs-hipaa-agreement-comstar/index.html

OCR is committed to enforcing the HIPAA Rules that protect the privacy and security of individuals' protected health information. Please see OCR's guidance and webinar on the HIPAA Security Rule Risk Analysis requirement. Guidance about the Privacy, Security, and Breach Notification Rules can also be found on OCR's website.

If you believe that your or another person's health information privacy or civil rights have been violated, you can file a complaint with OCR at https://www.hhs.gov/ocr/complaints/index.html.

In the second enforcement action, ***May 28, 2025, the HHS Office for Civil Rights Settles HIPAA Security Rule Investigation with a Florida Health Care Provider.***

This Settlement Resolves Investigation into Potential Security Rule Failures Exploited by Malicious Insider.

On May 28, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR) announced a settlement with BayCare Health System (BayCare), a Florida health care provider, concerning several potential violations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security Rule. The settlement resolves an OCR investigation based on a complaint received concerning impermissible access to the complainant's electronic protected

Continued on page 32

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Board contact info @ www.cahipoc.org

Membership has its "Awards"

The **Leading Producers Round Table** was formed by NAHU in 1942 to recognize the successful underwriters of Accident & Health Insurance. Today, the LPRT committee is committed to making LPRT the premier program for top Health, Disability, Long Term Care and Worksite Marketing Insurance producers, carrier reps, carrier management and general agency/agency managers.

As the saying goes, "membership has its rewards" and as a member of the Leading Producer's Round Table (LRPT), you will have the recognition of your peers for being one of the top performers in our business. LRPT members also receive discounts on many NAHU services and meetings. There are exclusive LPRT-only events held as well.

The qualification categories are:

Personal Production: Business written by a single producer.
Carrier Representatives: An employee of an insurance carrier working with producers.
Agency: Management of a general agency or agency.
Carrier Management: Carrier/home office sales managers, directors of sales and vice president sales

Visit NAHU.org go to Membership Resources > LPRT (Leading Producers Roundable) for more information on how you can qualify for this exclusive membership.

MEMBERSHIP NEWS - NEW MEMBERS

Dr. Cameron Ghazzah

Maleigha Ponce

Contact our Membership Team:

Haley Mauser, VP of Membership
Optavise, (707) 628-9260
Haley.Mauser@optavise.com

Talk to a Board Member
(see page 28 for board roster)

Visit our website at www.cahipoc.org

Many ways to join!

Agency Memberships Now Available!

JOIN CAHIP-OC

NABIP PAC has a new name but it remains committed to moving forward and fulfilling its mission to support candidates that support our industry. I'm writing today to explain what NABIP's political action committee is and how it operates.

What is the National Association of Benefits and Insurance Professionals Political Action Committee (NABIP PAC)?

- NABIP PAC is a separate segregated fund (SSF) that allows for political advocacy from the connected organization -- in this case, NABIP.
- For this reason, the PAC (candidate fund) is restricted to raising money from dues-paying members.
- PAC money is NOT tax-deductible. Contributions are not deductible for state or federal tax purposes.
- NABIP PAC has two different accounts:
  - Candidate Account
  - Administrative Fund

What is the Candidate Account?

- It is made up of individuals' contributions through personal credit cards or bank accounts.
- Funds from this account are given to political candidates, both challengers and incumbents, Democrats and Republicans.
- NABIP members, their spouses and NABIP staff can give up to $5,000 each year (federal law).

What is the Administrative Fund?

- Businesses can contribute to the Admin Fund.
- State and local chapters can also contribute.
- Money in this account goes to the operating costs of NABIP PAC so that the Candidate Account can be reserved solely for political contributions.
- Unlike the Candidate Account, there are no contribution limits on the Administrative Fund.

How does the NABIP PAC money we donate get spent by candidates?

- Winning Senate candidates spent an average of $16 million in 2022.
- On average, $2.0 million was spent to win a House seat in 2022.
- A NABIP PAC donation of $2000 is just one in 2000 groups of people contributing to total amount needed to win that House seat.
- Needless to say, members of Congress have many groups like NABIP that expect their legislative agendas to become a priority through their donation.
- **Through NABIP PAC, NABIP gets time and access to members of Congress to advocate on behalf of agents and brokers.**

What are the rules for communication of available money for Candidate Account Fund?

- A member of Congress and his or her staff are never allowed to discuss the campaign or fundraising while using government resources. This includes in their office, while they are working on a Congressional activity, or using an email or phone number provided by the member's office.

Reach out to me Cathy@BAISins.com or Gail to view/ or update your NABIP-pac fund giving level here and donate today if you are not currently!

Cathy Daugherty , VP of PAC

Are you Ready to Contribute NABIP PAC?

If so, please complete the form on page 31!

Note: CAHIP PAC contribution form can be found on page 24!

NABIP | pac

The purpose of the NABIP PAC is to raise funds from NABIP members to support the political campaigns of candidates who believe in private-sector solutions for the health and financial security of all Americans.

Contribute securely at www.nabippac.org

Step 1: Tell us about yourself. *(All information must be completed in full by contributor.)*

Name: Occupation:

Employer: Address:

Email: Phone:

Step 2: Please select (A) Fund (B) Frequency (C) Contribution Level

☐ New Contributor ☐ Past Contributor ☐ Change Contribution to Amount Checked Below

A. Choose a Fund

☐ Candidate Fund* ☐ Administrative Fund**

**Candidate Fund can ONLY accept personal contributions.*
***Administrative Fund can accept corporate contributions.*

B. Contribution Frequency

☐ One-Time Contribution
☐ *Charge my account annually for this amount.*

☐ Monthly Contribution (Recurring)
Credit card or bank account will be charged monthly.

C. Contribution Levels

		(Annual)		*(Monthly)*
Member	☐	$150	☐	$12
Bronze	☐	$365	☐	$30
Silver	☐	$500	☐	$42
Gold	☐	$750	☐	$63
Platinum	☐	$1,000	☐	$85
Diamond	☐	$2,000	☐	$170
Double Diamond	☐	$3,000	☐	$250
Triple Diamond	☐	$5,000	☐	$415
Amount not listed	☐	$	☐	$

Did a NABIP member refer you? If so, who?

Step 3: Provide your method of payment.
(Payment must be from a personal credit card or bank account if contributing to the Candidate Fund.)

Credit or Debit Card ☐ American Express ☐ Discover ☐ Mastercard ☐ Visa

Card Number: Expiration Date: (mm/yy):

CVV: Zip Code:

Checking Account

Bank Routing Number: Account Number:

Signature

☐ I authorize NABIP PAC to initiate charges to my personal bank account or credit card as shown above.

Signature: Date:

Step 4: Submit this form.

Mail
NABIP PAC
999 E Street NW, Suite 400
Washington, DC 20004

Fax
202-747-6820

Email
nabippac@nabip.org

A contribution to a Political Action Committee is not tax deductible. Only NABIP members, their immediate families and NABIP staff may contribute. Only U.S. citizens and permanent residents may contribute. Any guidelines mentioned for contributions are merely suggestions. You may contribute more or less than the guidelines suggest, and the National Association of Benefits and Insurance Professionals (NABIP) will not favor nor disadvantage you by reason of the amount of your contribution or your decision not to contribute. Federal law requires PACs to report the name, mailing address, occupation and employer for individuals whose donations exceed $200 in a calendar year. Federal law prohibits corporate or business donations to a federal PAC. Please make certain that your check or credit card is your personal account.

HIPAA Updates, Continued from page 27

health information (ePHI).

OCR enforces the HIPAA Privacy, Security, and Breach Notification Rules, which set forth the requirements that covered entities (health plans, health care clearinghouses, and most health care providers) and business associates must follow to protect the privacy and security of protected health information (PHI). The HIPAA Security Rule establishes national standards to protect and secure our health care system by requiring administrative, physical, and technical safeguards to ensure the confidentiality, integrity, and availability of ePHI. "In an era of hacking and ransomware attacks, HIPAA regulated entities still need to ensure that workforce members and other users with access to an electronic medical record only have access to the health information necessary for them to perform their jobs," said OCR Acting Director Anthony Archeval. "Allowing unrestricted access to patient health information can create an attractive target for a malicious insider."

OCR initiated the investigation following its receipt of a complaint in October 2018, in which the complainant alleged that after receiving treatment at a BayCare facility, she was contacted by an unknown individual who had photographs of her printed medical records, as well as a video of someone scrolling through her medical records on a computer screen. The investigation determined that the credentials used to access the complainant's medical record belonged to a non-clinical former staff member of a physician's practice, which had access to BayCare's electronic medical records for the continuity of common patients' care.

OCR's investigation found BayCare potentially violated multiple HIPAA Security Rule requirements, including:

- Failing to implement policies and procedures for authorizing access to ePHI that are consistent with the applicable requirements of the HIPAA Privacy Rule,
- Failing to reduce risks and vulnerabilities to ePHI to a reasonable and appropriate level, and

Failure to regularly review records of information system activity.

Under the terms of the settlement, BayCare agreed to implement a corrective action plan that OCR will monitor for two years, and paid OCR $800,000. Under the corrective action plan, BayCare will take steps to resolve its potential violations of the HIPAA Security Rule, and to protect the privacy and security of ePHI, including:

- Conducting an accurate and thorough risk analysis to determine the potential risks and vulnerabilities to the confidentiality, integrity, and availability of its ePHI;
- Developing and implementing a risk management plan to address and mitigate security risks and vulnerabilities identified in its risk analysis;
- Revising, as necessary, its written policies and procedures to comply with the HIPAA Rules; and

Training its workforce that has access to ePHI on its HIPAA policies and procedures.

OCR recommends that health care providers, health plans, health care clearinghouses, and business associates that are covered by HIPAA take the following steps to protect ePHI:

- Identify where ePHI is located in the organization, including how ePHI enters, flows through, and leaves the organization's information systems.
- Integrate risk analysis and risk management into the organization's business processes.
- Ensure that audit controls are in place to record and examine information system activity.
- Implement regular reviews of information system activity.
- Utilize mechanisms to authenticate information to ensure only authorized users are accessing ePHI.
- Encrypt ePHI in transit and at rest to guard against unauthorized access to ePHI when appropriate.
- Incorporate lessons learned from incidents into the organization's overall security management process.

Provide workforce members with regular HIPAA training that is specific to the organization and to the workforce members' respective job duties.

The resolution agreement and corrective action plan may be found at: https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/agreements/index.html

The HHS Breach Portal: Notice to the Secretary of HHS Breach of Unsecured Protected Health Information may be found at: https://ocrportal.hhs.gov/ocr/breach/breach_report.jsf

Lastly, I want to briefly mention the **May 15, 2025** announcement of **HHS Office for Civil Rights Settlement of a HIPAA Cybersecurity Investigation with Vision Upright MRI.** This is a reminder that *Small Health Care Providers Also Must Comply with the HIPAA Rules.*

Today, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR) announced a settlement with

Continued on page 39

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Retire *with* Renewals

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NABIP Annual Convention, 2025 Report

The 2025 NABIP Annual Convention was held in Miami June 28 through July 1. It featured a First Timer's Event, a Big Splash Sponsor Event, and a Welcome reception on Saturday. On Sunday, the day started with a Wellness Activity, which led into the General Session, featuring nominations and candidate speeches, National Chapter Awards, introduction to the Coalition for Inclusion in Benefits & Insurance and the new Spanish Certification. The morning Keynote speaker was Cani Hari, Food Babe, How Your Voice Can Change the World. In the afternoon, the National Membership Awards were presented, the Power of Wellness; Women's Health at Work, followed by the RECB/Leadership Academy Graduation, and the PAC parade of checks. There was also a Delta Force Update, and a NABIP Town Hall. The evening ended with an LPRT Event, by invitation only.

On Monday, the featured morning speaker was Connie Podesta, on Stand up communication; Life Would be Easy if it Weren't for Other People. There were breakout sessions the remainder of the morning and early afternoon, followed by a General Session with National Individual Awards, and a session on Our Needs Matter. Regional Meetings were held in the afternoon.

On Monday evening, there was the annual Gordon Memorial awards reception, LPRT Soaring Eagle and Past Presidents' reception, and the Gordon Memorial Annual Awards Gala, a formal event. This year, they also hosted a Gordon Gala After Party for all convention attendees.

Tuesday, there was a General Session on PBMs Unmasked; How to Evaluate, Compare & Contrast with Confidence, featuring Dallas Mavericks' owner and Shark Tank Star Mark Cuban, along with Eric Barker, Matt Jarvis, Christine Johnston and Mark Sweeney.

The House of Delegates and Voting occurred immediately after the general session.

CAHIP-OC shines at the NABIP awards ceremony!

Group photo bottom right.

CAHIP-OC NABIP Awards 2025

- Presidential Citation Award—Barbara Ciudad
- William Flood Award
- Professional Development Award
- Media Relations Award

California NABIP Awards

- Landmark Award
- Presidential Citation—Rosamaria Murrujo
- Professional Development Award
- Media Relations Award

Women in Business Photos 2025

From a Great Fashion Show to Great Raffles and Prize Giveaways!
Our Women in Business Event Had Something for Everyone!

Thanks, Pat, For All of You and Your Committee's Efforts!

Special Thanks to Our

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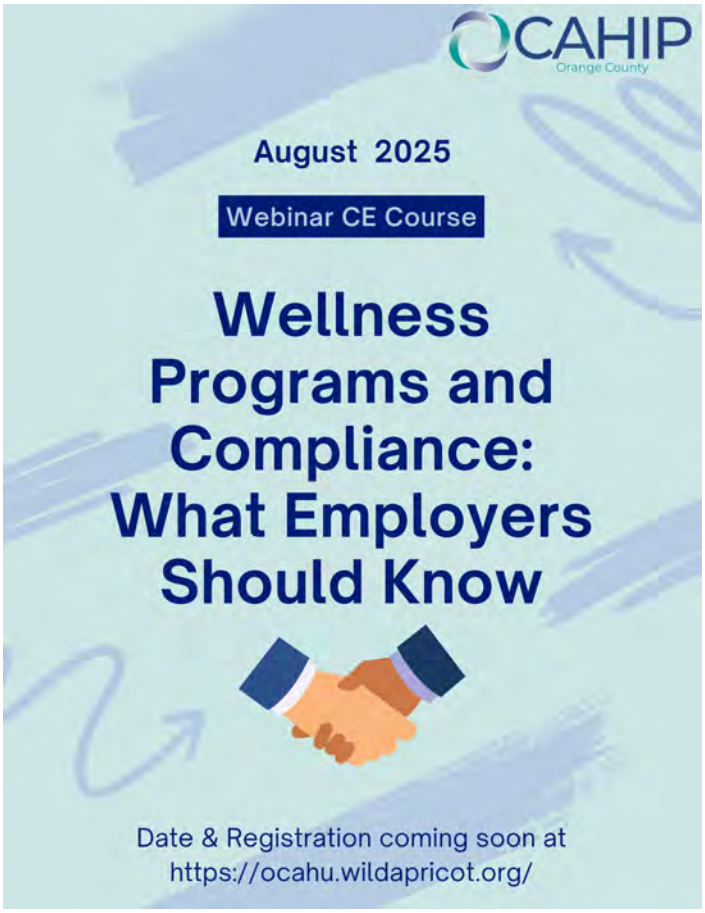

NABIP Operation Shout! One of the primary ways we engage in advocacy for the consumer is by supporting legislation that ensures the future and stability of the insurance industry. Through Operation Shout, you as a member have the opportunity to participate in this process. As legislative needs arise, you will be prompted by staff to participate in Operation Shout. Participating is quick and easy. When you click on "write" you will have the option of using the message we have already created, which takes less than a minute, or composing your own. Either method is effective and sends a strong message to your member of Congress about the important issues facing us today. You can also check back at any time to view and send archived messages. When engaging in NABIP grassroots operations, remember that we are most effective when we speak with one voice. As always, if you have any questions, please feel free to contact us!

Don't Forget CAHIP-OC's Upcoming Events!

August Webinar—Wellness
Date and Time TBA

September 9-11, 2025
Senior Summit

HIPAA Updates, Continued from Page 32

Vision Upright MRI, a small California health care provider that conducts magnetic resonance imaging and related services, concerning potential violations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Breach Notification and Security Rules. The settlement resolves an OCR investigation concerning the breach of an unsecured server containing the medical images of 21,778 individuals.

OCR enforces the HIPAA Privacy, Security, and Breach Notification Rules, which set forth the requirements that covered entities (health plans, health care clearinghouses, and most health care providers), and business associates must follow to protect the privacy and security of protected health information (PHI). The Risk Analysis provision of the Security Rule requires a regulated organization to conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of electronic protected health information (ePHI) held by that organization. The Breach Notification Rule requires HIPAA covered entities and their business associates to provide notification following a breach of unsecured protected health information.

"Cybersecurity threats affect large and small covered health care providers," said OCR Acting Director Anthony Archeval. "Small providers also must conduct accurate and thorough risk analyses to identify potential risks and vulnerabilities to protected health information and secure them."

OCR initiated a compliance review of Vision Upright MRI after learning that the provider experienced a breach of ePHI stored on its Picture Archiving and Communication System (PACS) server for storing, retrieving, managing, and accessing radiology images, due to an unauthorized third party's impermissible access. OCR's investigation revealed that Vision Upright MRI had never conducted a HIPAA risk analysis and that it had failed to complete timely breach notification, within 60 days of discovering the breach, to the 21,778 individuals affected.

Under the terms of the resolution agreement, Vision Up-

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NAHU Professional Development

Are you new to the industry? Do you want to brush up on new concepts? Do you have employees who need training? Do you want to be an expert on industry topics so you can educate your clients? NAHU can help....

NAHU has an Online Learning Institute and offers courses in a variety of areas that can help you be successful. NAHU members receive a discount on enrollment of up 30%. Some of the course work and certificates are listed below, but there are many more options on the website. For more information on courses and enrollment, visit the NAHU website at http://nahu.org/professional-development/courses.

- Registered Employee Benefits Consultant (REBC) Designation
- Single-Payer Healthcare Certification
- Account-Based Health Plans Certification
- Benefit Account Manager Certification
- Diversity, Equity and Inclusion in the Modern Workplace
- Health Insurance 101
- Self-Funded Certification
- HIPAA Compliance Training

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NABIP Healthcare Happy Hour

Subscribe to NAHU's Healthcare Happy Hour

http://nahu.org/membership-resources/podcasts/healthcare-happy-hour

Latest Podcasts:

- **House Ways & Means Committee Advances NABIP Federal Priority to Ease Employer Reporting Process**
- **Are you Ready for NABIP's Annual Convention?**
- **How to Best Leverage Employee Benefit Portfolios—from Retirement Plans to Pet Insurance**
- **A Stay inn ACA Preventive Care Mandate Case: NABIP Submits More Testimony**
- **What You Need to Know About the End of the COVID-19 Emergency Periods**
- **NABIP Submits Written Testimony on Host of Healthcare Issues**
- **Special Guest from Nonstop Health Discuss Benefits for Brokers and Employers**
- **An Individual Market Agent's Perspective on the Medicaid Unwinding**

Follow CAHIP-OC on Social Media!

https://www.facebook.com/CAHIPOC/

https://www.linkedin.com/groups/4100050/

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CAHIP Orange County

Don't Forget to Register...

August Webinar

Wellness

Date and Time TBD

Register at: *www.cahipoc.org*

Register Now!!!

Senior Summit

September 9-11, 2025

Pechanga Resort, Temecula

NABIP
Shaping the *future* of healthcare

WHAT IS THE **ANNUAL VALUE** OF NABIP MEMBERSHIP?

National Association of Benefits and Insurance Professionals

NABIP

Shaping the *future* of healthcare

How to get more value from your NABIP membership

The activities below provide a blueprint for extracting the greatest value from your membership:

- Visit NABIP's Micro Site - **www.welcometonabip.org**
- Take advantage of NABIP's **Mentorship Program**
- Read America's Benefit Specialist Magazine each month and learn something new
- Listen to the NABIP **Healthcare Happy Hour Podcasts** on a weekly basis for up-to-date talking points
- Attend the NABIP **Power Hour** webinar monthly for in depth topic discussions and socialize with fellow members
- Attend Local Chapter meetings for opportunities to learn and network
- Volunteer to serve on a committee (Membership, Social, Programs/Expo, Legislative, etc.)
- Recruit one new member – best way to learn is to teach someone else about the NABIP value proposition
- Meet with a NABIP Board member and find out what motivates them to give their time and money
- Attend Day on the Hill and meet with your state legislators to discuss bills you support or oppose
- Attend NABIP Capitol Conference – annual legislative fly-in to Washington DC (IMPORTANT ONE)
- Attend NABIP Annual Convention to meet members from across the country and vote for NABIP incoming Secretary and other membership matters
- Contribute to NABIP-PAC – Political Action Committee contributions help us to have our voice heard on legislative issues at the national and state level. Contribute monthly to each!
- Participate in Operation Shout – click and sign letters to **your** elected officials regarding important grass roots efforts
- Earn your **Registered Employee Benefits Consultant** designation - acquired from The American College
- Complete all 12 modules of the **Leadership Academy**.
- Sign up to receive **Broker 2 Broker** emails on NABIP.org where you can post questions and respond to fellow members from around the country
- Share with your clients that you are a member of NABIP and working to protect their access to private health insurance and other benefits!

More information at www.nabip.org

Earning the Registered Employee Benefits Consultant® (REBC®) designation elevates your credibility as a professional. The field of employee benefits continues to evolve rapidly. A year does not go by without new government regulations, new or modified coverages, and new techniques for controlling benefit costs. To best serve their clients, professionals need to have a current understanding of the provisions, advantages, and limitations associated with each type of benefit or program as a method for meeting economic security. The designation program analyzes group benefits with respect to the ACA environment, contract provisions, marketing, underwriting, rate making, plan design, cost containment, and alternative funding methods. The largest portion of this program is devoted to group medical expense plans that are a major concern to employers, as well as to employees. The remainder of course requirements include electives on topics serving various markets based on a broker's client needs . ***Earn yours now!***

HIPAA Updates, Continued from page 43

right MRI agreed to implement a corrective action plan that will be monitored by OCR for two years and paid $5,000 to OCR. Vision Upright MRI will also take steps to improve its compliance with the HIPAA Security and Breach Notification Rules and protect the security of ePHI, including:

- Providing required breach notifications to affected individuals, HHS and the media;
- Submitting to OCR its most recently completed risk analysis to include all electronic media, regardless of its source or location (i.e. electronic equipment, data systems, programs, off-site data storage and applications) that contains, stores, transmits or receives ePHI;
- Developing and implementing a risk management plan to address and mitigate any security risks and vulnerabilities identified in its risk analysis;
- Developing, maintaining, and revising, as necessary, written policies and procedures to comply with the HIPAA Rules; and

Providing workforce training on HIPAA policies and procedures to all workforce members that have access to ePHI.
OCR recommends that health care providers, health plans, clearinghouses, and business associates that are covered by HIPAA take the following steps to mitigate or prevent cyber-threats:

- Identify where ePHI is located in the organization, including how ePHI enters, flows through, and leaves the organization's information systems.
- Integrate risk analysis and risk management into the organization's business processes.
- Ensure that audit controls are in place to record and examine information system activity.
- Implement regular reviews of information system activity.
- Utilize mechanisms to authenticate information to ensure only authorized users are accessing ePHI.
- Encrypt ePHI in transit and at rest to guard against unauthorized access to ePHI when appropriate.
- Incorporate lessons learned from incidents into the organization's overall security management process.

Provide workforce members with regular HIPAA training that is specific to the organization and to the workforce members' respective job duties.
The resolution agreement and corrective action plan may be found at: https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/agreements/hhs-ocr-hipaa-racapvum/index.html

Look for more updates in the September-October issue of the COIN! ##

More Women in Business Photos

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Don't miss our upcoming events!

UPCOMING EVENTS

AUGUST WELLNESS WEBINAR—DATE AND TIME TBD

SENIOR SUMMIT— SEPTEMBER 9-11, 2025

Visit our website for more details

www.cahipoc.org

linkedin.com/groups/4100050 **facebook.com/CAHIPOC** **@OrangeCountyAHU**